Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS - Cherokee Mental Health Institute

Name of Department or Office
1251 West Cedar Loop
_____ Cherokee, Iowa 51012

Mailing Address _____ City, State, Zip Code
712 225 2594

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Katelyn Matheny

Name

Mailing Address (if different from above) _____ City, State, Zip (if different from above)
kmathen@dhs.state.ia.us

Email Address _____ Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Anonymous

Name

Mailing Address _____ City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

June 24, 2019 _____ $80.00

Date of Gift or Bequest _____ Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Four large bags of used adult clothing.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Katelyn Matheny _____ affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

_____ Signature

6/24/19 Date